

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

NA

2 Total pages filed:

7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Rick

A

Brown

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

13510 Country Ln Tomball, TX 77375

☐ Change of Address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 686-0412

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Karen

R

Brown

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

13510 Country Ln Tomball, TX 77375

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 501-6282

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 29 / 10

THROUGH

Month

Day

Year

3 / 31 / 10

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 8 / 10

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

City Council Pos. #3

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

None

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME** Rick Brown**16 ACCOUNT # (Ethics Commission Filers)**
N/A**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2000

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 408000

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3851.55

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 228.45

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICK BROWN, this the 8 day of APRIL, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

BETSY B. GATES

Printed name of officer administering oath

ASSIST. CITY SECRETARY

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Rick Brown		3 ACCOUNT # (Ethics Commission filers) NA	
4 Date 2-17-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Brown 6 Contributor address; City; State; Zip Code 13510 Country Ln Tomball, TX 77375	7 Amount of contribution (\$) 60.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mitchell Cappadona Contributor address; City; State; Zip Code 12727 Zion Rd Tomball, TX 77375	Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Mid-West Electric Co.	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffie Cappadona Contributor address; City; State; Zip Code 12727 Zion Rd. Tomball, TX 77375	Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Stotts Contributor address; City; State; Zip Code 12711 Zion Rd Tomball, TX 77375	Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Assistant Office Manager		Employer (See Instructions) Mid-West Electric Co.	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis Stotts Contributor address; City; State; Zip Code 12711 Zion Rd Tomball, TX 77375	Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Counter Sales Manager		Employer (See Instructions) Summit Electric	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME Rick Brown

3 ACCOUNT # (Ethics Commission files)
NA

4 Date <u>2-17-10</u>	5 Payee name <u>AD-mirations</u>	7 Amount (\$) <u>110.00</u>
6 Payee address; City; State; Zip Code <u>31427 Bearing Star Ln Tomball, TX 77375</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>stickers</u> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>2-19-10</u>	Payee name <u>Kwik Kopy Printing #555</u>	Amount (\$) <u>448.16</u>
Payee address; City; State; Zip Code <u>1215-5 West Main St. Tomball, TX 77375</u>		

Purpose of payment (See instructions regarding type of information required.) <u>printing</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>2-24-10</u>	Payee name <u>Kwik Kopy Printing #555</u>	Amount (\$) <u>730.22</u>
Payee address; City; State; Zip Code <u>1215-5 West Main St. Tomball, TX 77375</u>		

Purpose of payment (See instructions regarding type of information required.) <u>printing + postage</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>2-26-10</u>	Payee name <u>AD-mirations</u>	Amount (\$) <u>108.25</u>
Payee address; City; State; Zip Code <u>31427 Bearing Star Ln. Tomball, TX 77375</u>		

Purpose of payment (See instructions regarding type of information required.) <u>sign stakes</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Rick Brown

3 ACCOUNT # (Ethics Commission file)

4 Date
2-27-10

5 Payee name

Target

6 Payee address; City; State; Zip Code

14302 FM 2920 Tomball, TX 77375

7 Amount (\$)

2241

8 Purpose of payment (See instructions regarding type of information required.)

M+M's candy

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

3-1-10

AD-mirations

Payee address; City; State; Zip Code

31427 Bearing Star Ln Tomball, TX 77375

Amount (\$)

10825

Purpose of payment (See instructions regarding type of information required.)

sign stakes

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

3-2-10

Tomball Magnolia Tribune

Payee address; City; State; Zip Code

517 West Main St. Tomball, TX 77375

Amount (\$)

8400

Purpose of payment (See instructions regarding type of information required.)

ads

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

3-3-10

Kwik Kopy Printing #555

Payee address; City; State; Zip Code

1215-5 West Main St. Tomball, TX 77375

Amount (\$)

3464

Purpose of payment (See instructions regarding type of information required.)

printing

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Rick Brown

3 ACCOUNT # (Ethics Commission file)

4 Date
3-5-10

5 Payee name
AD-mirations

6 Payee address; City; State; Zip Code
31427 Bearing Star Ln Tomball, TX 77375

7 Amount (\$)
108²⁵

8 Purpose of payment (See instructions regarding type of information required.)
sign stakes
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-15-10

Payee name
Kwik Kopy Printing #555
Payee address; City; State; Zip Code
1215-5 West Main St. Tomball, TX 77375

Amount (\$)
17³²

Purpose of payment (See instructions regarding type of information required.)
printing
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-16-10

Payee name
Kwik Kopy Printing #555
Payee address; City; State; Zip Code
1215-5 West Main St. Tomball, TX 77375

Amount (\$)
616⁸⁴

Purpose of payment (See instructions regarding type of information required.)
printing + postage
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-17-10

Payee name
Kwik Kopy Printing #555
Payee address; City; State; Zip Code
1215-5 West Main St. Tomball, TX 77375

Amount (\$)
218⁶⁷

Purpose of payment (See instructions regarding type of information required.)
printing
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Rick Brown

3 ACCOUNT # (Ethics Commission file)

4 Date
3-18-10

5 Payee name
Klein's Food & Pharmacy
6 Payee address; City; State; Zip Code
1200 W. Main Tomball, TX 77375

7 Amount (\$)
68⁸³

8 Purpose of payment (See instructions regarding type of information required.)
refreshments
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
2-22-10

Payee name
Push Productions
Payee address; City; State; Zip Code
23802 Fm 2978 Ste A-1
Tomball, TX 77375

Amount (\$)
1,055.³⁴

Purpose of payment (See instructions regarding type of information required.)
yard signs
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-24-10

Payee name
Kwik Kopy Printing #555
Payee address; City; State; Zip Code
1215-5 West Main St. Tomball, TX 77375

Amount (\$)
69²⁸

Purpose of payment (See instructions regarding type of information required.)
printing
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
3-26-10

Payee name
Kwik Kopy Printing #555
Payee address; City; State; Zip Code
1215-5 West Main St. Tomball, TX 77375

Amount (\$)
51⁰⁹

Purpose of payment (See instructions regarding type of information required.)
printing
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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